

*For the National Finals, all required forms must be received within 2 weeks of the Regional Competition, or by March 12, 2013, whichever occurs first. Failure to submit the required forms on time will result in the participant's loss of eligibility to compete.*

**U.S. DEPARTMENT OF ENERGY**  
**2013 National Science Bowl®**  
**Student Confidential Medical Information and Emergency Notification Form**  
**(Please fill out the entire 3-page form)**

To complete: Click on the space and type in the information requested. Once the form is complete: (1) click "File," then "Save As" and give it a name and save it on your computer; (2) print the completed form; (3) parent/guardian or student (if 18) must sign it in ink; (4) return this form to the coach.

School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_

SSN (*only necessary for students attending the National event*): \_\_\_\_\_

**If this number is NOT provided, the student may NOT be allowed to attend or compete in the final rounds of the National Science Bowl in Washington, DC.**

**PLEASE LIST TWO EMERGENCY CONTACTS:**

	<u>Primary Contact (#1)</u>			<u>Contact #2</u>
<b>Name:</b>			<b>Name:</b>	
<b>Phone:</b>			<b>Phone:</b>	
<b>Cell Phone:</b>			<b>Cell Phone:</b>	
<b>Relationship:</b>			<b>Relationship:</b>	

**Allergies**

Yes    No

If Yes, specify:

\_\_\_\_    \_\_\_\_    Medication \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Food \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Environmental \_\_\_\_\_

**Medical History (To include surgeries)**

Date of Last Tetanus Shot: \_\_\_\_\_

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(A) Current/Recent Medical History/surgery (within the past 12 months)

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(B) Previous Medical History/surgery (please include ALL medical history beyond 12 months)

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**Medication Information (Prescribed and Over-the-Counter Medications and Purpose)**

Please follow the format listed below.

**Current Prescribed Medications – PLEASE PRINT!**

<b>Medication/Dosage</b>	<b>Purpose/Used For</b>
(Example: Albuterol/10mg per day)	(Example: Asthma)

**Current Over the Counter Medications – PLEASE PRINT!**

<b>Medication</b>	<b>Purpose/Used For</b>
(Example: Advil/as needed)	(Example: Headaches)

**Physical Limitations/Needs (Please include any assistive devices that need to be provided):**

**Mobility Limitations** \_\_\_\_\_

**Visual Limitations** \_\_\_\_\_

**Communications Limitations** \_\_\_\_\_

**Dietary Restrictions (vegetarian, kosher, etc.):** \_\_\_\_\_

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**Religious or Cultural concerns that may affect care:** (e.g. No Blood Transfusions) \_\_\_\_\_

### **PHYSICIAN & HEALTH INSURANCE**

**Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Do you have Health Insurance?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If Yes, complete the following:**

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### **CONSENT TO MEDICAL CARE AND TREATMENT**

*(Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.)*

**I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).**

\_\_\_\_\_  
**(Print Name of Parent or Legal Guardian)**

\_\_\_\_\_  
**(Print Name of Student)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian (or Student if 18 years of age)**

For the National Science Bowl regional event, please return the completed form to the Regional Coordinator.

For the National Science Bowl Finals, return the completed form to:  
Ms. Norma Ward ~ Oak Ridge Associated Universities ~ P.O. Box 117/MS-36  
Oak Ridge, TN 37831-0117 ~ Phone: 865-241-2890

**National forms may also be faxed this secure fax number: (865) 241-5219**